



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax 617-626-1850 www.Mass.gov/DFA



MITT ROMNEY
Governor

ELLEN ROY HERZFELDER
Secretary

KERRY HEALEY
Lieutenant Governor

DOUGLAS P. GILLESPIE
Commissioner

Dear Applicant:

As requested, enclosed are information materials and an application for the Agricultural Preservation Restriction (APR) Program. In order for your application to be processed in a timely manner, please provide our office with the following:

1. Completed Application Form (pages 1 through 4).
2. U.S.G.S. Topographic Quadrangle Map showing an approximate outline of the farm.
3. U.S.D.A. Natural Resource Conservation Service (NRCS) map and farm plan.

These items # 2 and 3 above can be obtained by contacting your county NRCS office (see enclosed list). It is a free service. It may take several weeks to receive your information, so it is important that you contact the NRCS as soon as possible.

4. A plot plan showing the entire farm, including all areas under the same ownership. Indicate the land that is proposed for restriction, residences and their lots, and such other areas to be excluded from the restriction. A survey, assessor's map, aerial photograph or other suitable plan or sketch may be used provided it is reasonably to scale and large enough to delineate the above areas. The plan should be keyed into the categories shown in Questions 4 and 6.

THIS FORM NEEDS TO BE FILLED OUT IN TRIPLICATE. Copies of pages 1 through 3 and the Enclosure E (pages 5 & 6) should be forwarded to your town's Conservation Commission. Retain a copy of the application for your records and send the original to the Department.

If you have any questions, please do not hesitate to contact us at the Boston office. Staff members are:

Carol Szocik, (617) 626-1718, Michele Padula, (617) 626-1758, and Chris Chisholm, (617) 626-1751.

Thank you for your interest in the Agricultural Preservation Restriction Program.

APPLICATION FORM
Agricultural Preservation Restriction (APR) Program
Chapter 132A, Section 11A

PLEASE TYPE OR PRINT IN BALLPOINT PEN

Date: _____

1. Municipality:	FOR OFFICE USE ONLY
County:	Date Received:
2. Applicant(s)	Rec'd. By:
Name:	
Address:	
Home Phone:	Other Phone:

3. Property Identification:

a. Location if different from above:

Address:
Phone:
Name of person in residence:

b. Deed Reference:

Book:	Page:
Book:	Page:

c. Assessor's Records:

Map:	Lot:
Map:	Lot:

d. Owner of Record if different from above:

Name:
Address:
Phone:

e. Farm Name, Corporate or Business Name, if any. Explain.

4. Describe fully the agriculture carried out on the farm. Give acreage or quantities of the various crops grown, the number and kinds of livestock, forest products, specialty crops, greenhouse, etc.

5. What is the gross farm income generated by the farm?

\$

6. Describe the land in the entire farm under the ownership of the applicant(s) and that to be included in the restriction if they differ. Indicate total acreage for both.

Land Type or Usage	Total Acreage		Acreage Proposed for Restriction
A. Tillable Cropland			
B. Non-Tillable Cropland			
C. Nursery - Orchard			
D. Pasture			
E. Managed Woodland			
F. Non-Managed Woodland			
G. Ponds, Wetlands			
H. Land occupied by farm buildings			
I. Land occupied by commercial buildings or residences			
TOTALS:			
J. Land owned by applicant which is rented to others	Land Type Usage	Acreage	
K. To whom do you rent this land?			
L. Land rented from others by applicant			
M. From whom do you rent this land?			

7. List and describe briefly the major buildings or structures that are located on land that is to be included in the restriction and their usage.

Buildings include: barns, equipment storage, livestock housing, milking parlors, crop storage, processing areas, greenhouses, roadside stands, residences, housing for seasonal workers, others.

STRUCTURE Approximate Dimensions or Capacity	STRUCTURE Approximate Dimensions or Capacity

8. Employment provided by the farm operation:

a. Owner operator(s)		
b. Employees: Full-time	Part-time	Seasonal
c. Family help: Full-time	Part-time	Seasonal

9. Is your land under Farmland Assessment (Chapter 61A)? Forest Assessment (Chapter 61)?

☐ No

10. Degree of threat to the continuance of farming: Describe here any contingencies, personal concerns or other circumstances or long range plans which may have a bearing on the retention of your land and the farm in agriculture. Such facts as death,retirement, foreclosure, financial stress, and estate settlement should be explained if pertinent along with any situation which would require that this application be handled expeditiously. Extra sheets may be attached and the explanation may be in narrative form signed by the applicant or his agent.

[illegible]

11. Enclosures: The following should be included as part of this application. Items a. and b. may be obtained by contacting your county office of the Natural Resource Conservation Service and asking for an APR Program soils information packet (see attached list of NRCS offices). This is a free service of the NRCS. It may take several weeks to receive your information, however, so it is important that you contact the NRCS as soon as possible.

a. U.S.G.S. Topographic Quadrangle Map showing an approximate outline of the farm.

b. U.S.D.A. Natural Resource Conservation Service Soil Map and Farm Plan.

c. Plot plan showing the entire farm including all areas under the same ownership. On it should be shown the land upon which it is proposed to place the restriction, residences and their lots, and such other areas as are to be excluded from the restriction. A survey, assessor's map, aerial photograph or other suitable plan or sketch may be used provided it is reasonably to scale and large enough to delineate the above areas. The plan should be keyed into the categories shown in Questions 4 and 6 above.

d. See special instructions on Pages 5 and 6.

12. Agreement:

I (We) the undersigned, hereby agree not to sell or commit to sell the above described land covered by this application for a period of 120 days from the date of receipt of the completed application by the Commissioner. During this period the property will be field inspected by the APR Staff and a provisional status given to the project by the Agricultural Lands Preservation Committee (ALPC).

Your Signature(s):	Date:

Notary:

APPLICATION FORM
Agricultural Preservation Restriction (APR) Program

ENCLOSURE "D"
Confidential Statement

To be enclosed only with the Commissioner's copy of the application.

NOTE: Information provided on this statement shall be treated as confidential by the Commissioner and shall be subject to disclosure only with the consent of the applicant until such time as the project is approved; provided that, if the municipality is to share in the cost of the project, the Committee reserves the right to disclose such information to the proper authorities of the municipality.

1. List any liens or encumbrances on the land covered by this application and the current \$ amount owed.

2. Applicants asking price for the Agricultural Preservation Restriction applied for. Please bear in mind that the Act requires that this value not exceed the difference between the fair market value of such land and its fair market value after it is restricted for agricultural purposes.

Asking price for the restriction: \$

Signature(s):	Social Security No.:

APPLICATION FORM
Agricultural Preservation Restriction (APR) Program

ENCLOSURE "E"
Information From Municipality

NOTE: This enclosure is to be filled out by the Conservation Commission of the municipality in which the land is located. The original should be forwarded to the Commissioner of Agricultural Resources, 251 Causeway St., Suite 500, Boston, MA 02114. A copy should be sent to the applicant and a copy retained with the application by the town for its records.

1. Applicant(s):

Property Location:

Name:	Municipality:
Address:	County:
	Date:

2. Contact Person: (Conservation Commission Member or other if no Commission)

Name:
Address:
Phone:

3. Zoning Information:

How is the property zoned?
How is abutting property zoned?

Enclose a copy or excerpt from town zoning laws which describes zones of subject and abutting property.

4. Describe how the preservation of this farm fits into the Commission's or the towns Open Space plan, Natural Resources inventory, zoning or other planning objectives, and indicate any comments, recommendations, or opinions of the Commission or its members as to the value of this project to the State's agriculture or to the town. (Use additional pages and attach if necessary).

5. Attach comments, suggestions, or recommendations from other town boards or groups.

Planning Board:

Selectmen or City Council:

Others:

6. Municipal Participation:

In selecting farms for inclusion in the APR Program, serious consideration is given to the degree to which a municipality is willing to contribute toward an APR acquisition. Is the municipality willing to share in the acquisition cost of an APR on the above named property which would enable your town to become a co-holder of the restriction, and enhance this application's chances for final selection?

☐ a. Yes, we will contribute the sum of \$ _____ or _____ percent of the restriction cost. This contribution will be used for acquisition of the restriction.

Are these funds available through the Conservation fund?

☐ Yes

☐ No

Is a town meeting required to expend such funds?

☐ Yes

☐ No

☐ b. Yes, however funds are presently unavailable so we will request the sum of \$ _____ or _____ percent of the restriction cost from town or city council meeting, or we intend to request such a sum from an upcoming town meeting.

☐ c. No, the municipality is not willing to share in the acquisition cost. We understand this choice prevents the town from becoming co-holders in the restriction.

If there are any questions about municipal assistance, please feel free to contact the APR Staff at: (617) 626-1720.

7. Signed:

Signature:	Chair, Conservation Commission
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Selectmen, Mayor or City Manager as appropriate:

Name:	Title: